SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
Candidates for Statewide Offices and General Assembly
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 1/08



Electronic Filing

Page 1 of 35

SUMMARY PAGE

1.NAME OF COMMITTEE							2. TYI	PE OF COMMITTEE
Dean 2010							x	Candidate Committee Exploratory Committee
3. TREASURER NAME								
Title	First Nathaniel			MI S	Last Schindler			Suffix
4. TREASURER ADDRESS								•
Street Address			City			State		Zip Code
23 Taquoshe Pl			Fairfie	eld		СТ		06825
5. ELECTION DATE			6. O	OFFICE SOUG	HT (if applicable)		7. DISTR	ICT CODE (if applicable)
11/02/2010		Attorney General						
8. CANDIDATE NAME						-		
Title	First Martha			МІ А.	Last Dean			Suffix
9. TYPE OF REPORT								
30 Days Following Prin	nary - Origi	nal						
10. PERIOD COVERED								
		Beginning Date			Ending Date			
		07/28/2010	thru	ı	09/02/2010			
			11. CER	RTIFICATION	ſ			
	zed Campaig				of the information set forth e period covered is true,			
Electronic Filing		Nathaniel Schindle	er		09/09	9/2010		
SIGNATURE		PRINT NAME OF THE	E SIGNE	≅R	DATE	CERTIFIED		
					LE BY FINE NOT TO EXCEED HAN ONE YEAR, OR BOTH.			

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement Candidates for Statewide Offices and General Assembly CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Rev. 1/08

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
Dean 2010	Original 09/09/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$5,863.35	
14. Contributions received from Individuals (Section A and B)	\$7,920.00	\$38,977.70
15. Receipts from Other Committees (Sections C1 + C2)	\$1,000.00	\$1,000.00
16. Other Monetary Receipts (Section D-I)	\$0.00	\$500.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$8,920.00	\$40,477.70
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$14,783.35	\$40,477.70
20. Expenses Paid by Committee (Section N)	\$9,764.71	\$35,459.06
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$5,018.64	\$5,018.64
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$1,552.50
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$3,000.00	\$10,006.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$400.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$2,199.92	

		I. N	MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Dean 2010									Origin	al 09/09/2010
A. Total Contributions from	n Small (antribi	itors-Received th	is Perio	d ONLX	7				
(See instructions for definition of Small		201111101	itors iteeer ea en			total Section A	\$645.00			
		B. It	temized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Woodford	Penny				Cash Money	=	al Check Debit Card	0133		Contribution
Residential Street Address		City			State	Zip Code	I	Date Received	Į	
687 W Avon Rd		Avon			СТ	06001	(07/28/201	0	1
Principal Occupation		Name of E	mployer			Is this contribution as		L	Yes	
Sales		Caldwel	l Banker Res. Brokera	age		fundraising event liste If yes, list Event #	u iii section	<u> </u>	No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis	t snouse or	Acon	egate Contrib	utions	†
state contractor? Is yes, indicate which branch or branches of			les litte		child of a lob	byist?	Aggi	-	100.00	\$100.00
government the contract is with:		Executive	Legislative	L 1	res X	No				
Last Name	First Name			MI		contribution:		Contributi	on ID#	Amount of
Chase	William				Cash Money	=	al Check /Debit Card	0128		Contribution
Residential Street Address		City		ļ	State	Zip Code		Date Received		1
31 Bishop Rd		West Ha	rtford		CT	06119		07/28/201		
Principal Occupation		Name of E	mployer			Is this contribution as	sociated with	а Г	Yes	†
Analyst			interprises			fundraising event liste	ed in Section	J1?	No	
						If yes, list Event #				
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob	-	Aggr	egate Contrib		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I ~	res X	•		\$2,	00.00	\$2,000.00
Last Name	First Name			MI		contribution:	1.61 1	Contributi	on ID#	Amount of
Galloway	Patricia			М	Cash Money	=	al Check /Debit Card	0140		Contribution
Residential Street Address		City			State	Zip Code	I	Date Received	l	1
65 Bonnie View Dr		Trumbul	I		СТ	06611	(07/29/201	0	
Principal Occupation		Name of E	mployer		•	Is this contribution as	sociated with	a	Yes	Ī
Homemaker		None				fundraising event liste If yes, list Event #	ed in Section	J1? [>	No	
I				1						+
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob	-	Aggr	egate Contrib	utions 100.00	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	res x	No		φ	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Chase	David				Cash	=	al Check	0132		Contribution
		l .			-		/Debit Card			-
Residential Street Address 96 High Ridge Rd		City West Ha	rtford		State	Zip Code 06117		Date Received 07/29/201		
Principal Occupation		Name of E			<u> </u>	Is this contribution as:			_	t
Businessman			interprises			fundraising event liste		J12 L	Yes	
						If yes, list Event #			No]
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis	-	Aggr	egate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob	-		\$	500.00	\$500.00
and the contract is with.										

	I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE									FILING	G DUE DATE
Dean 2010									Origin	al 09/09/2010
		B. It	emized Contributi	ions fron	ı Individu	ıals		•		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Telerico	Samuel				Cash Money	y Order X Personal C		0134		Contribution
Residential Street Address	•	City		•	State	Zip Code	D	ate Received		
24 Meadow Rd		Riverside	!		СТ	06878	0	7/30/2010)	
Principal Occupation Retired		Name of Er Retired	nployer		•	Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribut \$2	tions 50.00	\$250.00
Last Name	First Name			MI	Method of	contribution:	1	Contributio	n ID#	Amount of
Ganim	Lawrence				Cash Money	Personal C y Order X Credit/De		0129		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
45 Ironwood Rd		Trumbull			СТ	06611	0	8/02/2010	1	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in			Yes	
President/CEO		Ganim G	Group, Inc.	-		If yes, list Event #	i section .	x	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribut \$2	tions 50.00	\$250.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Gardner	Luke				Cash Money	y Order X Credit/De		0130		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
177 Old Mill Ln		Stamford	<u> </u>		СТ	06902	0	8/02/2010		ļ
Principal Occupation		Name of Er	nployer			Is this contribution associ fundraising event listed in		_{11?}		
Attorney		Self				If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	gate Contribut	tions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 ~	child of a lob	•		\$2	50.00	\$250.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
MacMillan	Jerri				Cash Money	Personal C y Order X Credit/De		0144		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
8 S Winds Dr		Essex			СТ	06426	0	8/03/2010)	
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in			Yes	
None		None				If yes, list Event #	i occiioii .	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	gate Contribut	tions	ĺ
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	-		\$	50.00	\$50.00
government the contract is with:							1			1

		I. N	ONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Dean 2010									Origin	al 09/09/2010
		B. It	emized Contributi	ons from	ı Individu	ıals				
Last Name Butera	First Name Adam			MI	Cash	contribution:		Contributi 0146	on ID#	Amount of Contribution
Residential Street Address 21 Mohegan Ln		City Hebron			State CT	y Order X Credit/De Zip Code 06248	D	Date Received		
Principal Occupation Claims Attorney		Name of E Chubb (!	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contrib	ations \$75.00	\$25.00
Last Name MacMillan	First Name Jerri			MI	Cash	contribution: Personal (y Order X Credit/De		Contributi 0145	on ID#	Amount of Contribution
Residential Street Address 8 S Winds Dr		City Essex			State CT	Zip Code 06426		Date Received		
Principal Occupation None		Name of E None	mployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contrib	utions 100.00	\$50.00
Last Name Lauretano	First Name Kathleen			MI	Cash	contribution: Personal of the property of the		Contributi	on ID#	Amount of Contribution
Residential Street Address PO Box 502		City Lakeville			State CT	Zip Code 06039		Date Received 08/08/201		
Principal Occupation Retired		Name of E None	mployer			Is this contribution associ fundraising event listed in If yes, list Event #		112 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contrib	ations 250.00	\$250.00
Last Name Smith	First Name Elenor			MI	Cash	contribution: X Personal of the property of t		Contributi 0139	on ID#	Amount of Contribution
Residential Street Address 100 Breezy Hill Rd		City Canton			State CT	Zip Code 06019		Date Received		
Principal Occupation Retired		Name of E Retired	mployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribu	utions	\$500.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FIL	NG DUE DATE
Dean 2010							Orig	ginal 09/09/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Blake	First Name Kathy		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	heck 0	ontribution ID #	Amount of Contribution
Residential Street Address 915 Pond Meadow Rd		City Westbrook		State CT	Zip Code 06498		Received 9/2010	
Principal Occupation Teacher		Name of Employer Unemployed			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Welsh	First Name Melissa		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	heck 0	ontribution ID #	Amount of Contribution
Residential Street Address 35 Latham Rd		City Willington		State CT	Zip Code 06279		Received 20/2010	
Principal Occupation Operations Manager		Name of Employer AmTrust			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$50.00
Last Name Ciccaglione	First Name Joseph		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	heck 0	ontribution ID #	Amount of Contribution
Residential Street Address 21 Portage Xing		City Farmington		State CT	Zip Code 06032		Received 2/2010	
Principal Occupation Accountant		Name of Employer Talcott Corp			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate	Contributions \$1,000.00	\$500.00
Last Name McManus	First Name Vincent		MI T	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 0	ontribution ID #	Amount of Contribution
Residential Street Address 2 Blackberry Ln		City Wallingford		State CT	Zip Code 06492		Received 23/2010	
Principal Occupation Attorney		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$2,000.00	\$1,000.00

		I. MONETARY R	ECEIPT	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Dean 2010							(Origina	1 09/09/2010
		B. Itemized Contribu	utions fron	n Individu	ıals				
Last Name Chase	First Name David		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution I	D#	Amount of Contribution
Residential Street Address 96 High Ridge Rd		City West Hartford		State CT	Zip Code 06117		ate Received 8/23/2010		
Principal Occupation Businessman		Name of Employer Chase Enterprises		•	Is this contribution associa fundraising event listed in If yes, list Event #		1 1 1	res No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribution \$1,500		\$1,000.00
Last Name DeAngelis	First Name Laura		MI	Cash	contribution: Personal C y Order X Credit/Deb		Contribution I	D#	Amount of Contribution
Residential Street Address 210 Treadwell St		City Hamden		State CT	Zip Code 06517		ate Received 8/24/2010		
Principal Occupation Paraprofessional		Name of Employer Hamden Public Schools		•	Is this contribution associa fundraising event listed in If yes, list Event #		i	res No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribution \$100		\$100.00
Last Name Birarelli	First Name Robert		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution I	D#	Amount of Contribution
Residential Street Address 116 Gilbert Dr		City Trumbull		State CT	Zip Code 06611		ate Received 8/24/2010		
Principal Occupation Auto Body		Name of Employer Twin Lights Auto Body			Is this contribution associa fundraising event listed in If yes, list Event #		1 1 1	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribution \$100		\$100.00
Last Name Winterer	First Name Victoria		MI	Cash	contribution: Personal C y Order X Credit/Deb		Contribution I	D#	Amount of Contribution
Residential Street Address 93 River Rd		City Essex		State CT	Zip Code 06426		ate Received 8/30/2010		
Principal Occupation N/A		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #			res No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribution \$100		\$100.00
			·				Total of Sec	tion B	\$7,275.00
TOTAL OF ALL CONTRIBU	JTIONS FI	ROM INDIVIDUALS	(Secti	ons A & B) (Total on Line 14	of Sumn	nary Page)		\$7,920.00

I. 1	MONE	TAl	RY RECEIP	TS (S	ection A-I)			
NAME OF COMMITTEE							FILING	DUE DATE
Dean 2010							Original	09/09/2010
C1. Co	ntributi	ons	from Other C	ommit	ttees			
Name of Committee ARTS Political Action Committee (T)					Name of Treasurer Ralph Camasso			
Address 115 W View Rd			Is this contribution a fundraising event			Yes If yes, list Event	#	Amount of Contribution
City Southbury	State CT	Zip (Date R	eceived 5/2010	Aggregate Contributions \$1,	,000.00	\$1,000.00
						Total of S	Section C1	\$1,000.00

I. MONETA	ARY RECI	EIPTS (Section A	A-I)		
NAME OF COMMITTEE				FILIN	NG DUE DATE
Dean 2010				Origi	nal 09/09/2010
C2. Reimbursemen	ts or Payme	ents from other Co	ommittees		
Name of Committee			Name of Treasurer		
Address			Date Received		Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense		
			Payment for goods and services		
	<u>I</u>		Total of Sectio	n C2	

	I. MONETARY RECEIPTS (Section	on A-K)				
NAME OF COMMITTEE					FILING	DUE DATE
Dean 2010					Origina	1 09/09/2010
	D. Loans Received this Period					
Name of Lender				Source of Loan:	Is there a cosigner or Guarantor of	Amount Received
Street Address	City	State	Zip Code	Candidate Individual	this loan? Yes	
Name of Cosigner/Guarantor				Other Committee	No	
Street Address	City	State	Zip Code	Date Received		
				Total of	Section D	-

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE					FILING DUE DATE						
Dean 2010					Original 09/09/2010						
	E. Personal Funds of the Candidate Received this Period										
Date Received	Amount	Method of Payment	Cash	Personal Check	Credit/Debit Card						
	Total of Section E										

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTI	EE				FILING DUE DATE					
Dean 2010					Original 09/09/2010					
	F. Anonymous Contributions									
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount					

I. Monetary Receipts (Section A-I)											
NAME OF COMMITTEE					FILI	ING DUE DATE					
Dean 2010	Origi	inal 09/09/2010									
G. Interest from Deposits in Authorized Accounts											
Name of Institution		Date Received		Total Amount Received							
Street Address	City	State	Zip Code								
Total of Section G											

I. MONETARY RECEIPTS (Section A-K)											
NAME OF COMMITTEE	NAME OF COMMITTEE										
Dean 2010			Original 09/09/2010								
H. Public Grant Fu											
Purpose of Grant: Initial Primary General or Special Election	Supplemental/Independent Expenditure Primary General or Special Election	Date Received	Amount								
Supplemental/Post Election Deficit General or Special Election	Supplemental/Excess Expenditure Primary General or Special Election										
		Total of Section I	I								

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE				FILI	NG DUE DATE					
Dean 2010				Origi	inal 09/09/2010					
I. Miscellaneous Monetary Receipts not Considered Contributions										
Name		Date of Trans	saction		Amount Received					
Street Address	City	State	Zip Code							
Description										
			Total of Sec	tion I						

	II. FUNDRAISING	G EVENT ACTIVITY									
NAME OF						FILING	DUE !	DATE			
COMMITTEE Dean 2010						Original (09/09	/2010			
J1. Fundraising Event Information											
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City			State	Zip Code			
Was this fundraising event he	osted at a personal residence?		Yes		No						
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes		No						
Was this fundraiser a tag sale	auction, or other sale of donated items?		Yes	1	No						

II. FUNDRAISING EVENT ACTIVITY											
NAME OF COMMITTEE							FILIN	G DUE DATE			
Dean 2010							Origir	nal 09/09/2010			
J2. Pro	ceeds from Tag Sale, Auction, or C	Othe	er Sa	ale of Donated	Items						
Name of the Purchaser Last Name (Individuals ONLY)	First Name	MI	Method of payment: Cash Personal Check Credit/Debit (Aggregate Amount of Purchases			
Residential Street Address	City	Stat	te	Zip Code	Date Received	Event #					
Items Purchased						'					
					T	otal of Sec	ction J2				

II. FUNDRAISING EVENT ACTIVITY										
NAME OF COMMITTEE							FILING	G DUE DATE		
Dean 2010							Origin	al 09/09/2010		
J3. In-Ki	ind Donations Not Considered Contribut	ions								
Name of the Donor					Donation G Indivi		ess Entity	Fair Market Value of Donation		
Street Address	City	Stat		Zip	Code	Aggregate value for this even				
Description of Donation			Date Received		Event #					
						Total of Se	ction J3			

III. NONMONETARY RECEIPTS											
NAME OF COMMITTEE								FILING I	DUE DATE		
Dean 2010								Original	09/09/2010		
	K. Iı	n-Ki	ind (Contributions							
Name							Date Receiv	ed	Fair Market Value of this Contribution		
Street Address		С	ity		State	Zip Code					
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?		Yes No	Is contributor a principal of a state contractor? If yes, indicate which branch or branches government the contract is with:	es, indicate which branch or branches of			Yes No Legislative			
Is this contribution associated with a fundilisted in Section J1? If yes, list Event#	Y	res No	Desc	cription of In-Kind Contribution			Aggregate conti	ributions			
							Total of	f Section K			

III. Non Monetary Receipts											
NAME OF COMMITTEE							FILING DUE DATE				
Dean 2010	Original 09/09/2010										
L. Refundable Deposit to Telephone Company											
Last Name (Individuals Only)	First Name			MI	Date Received		Amount of Deposit				
Street Address	City		State	Zip Code							
Name of Telephone company											
Street Address		City			State	Zip Code					
	L										

III. NONMONETARY RECEIPTS											
NAME OF COMMITTEE				FILING DUE DATE							
Dean 2010				Original 09/09/2010							
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee											
Name of Committee	Name of Treasurer										
Street Address			Fair Market Value of Donation								
City	State	Zip Code	Aggregate Donations								
Description of Donation	Purpose of Expenditure A B	Е									
Total of Section M											

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dean 2010						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee United States Treasury Street Address 1111 Constitution Ave NW Description	City Washington	State DC	Zip Code 20224	Date of Payment 07/29/2010 Purpose of Expenditure REF	Method of Pay X Check # 1041 Debit Car Event #		Amount
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	Name		Office Sought			\$386.63
Name of Payee				Date of Payment	Method of Pay	ment	Amount
WXLM				07/29/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1042		
7 Governor Winthrop Blvd	New London	СТ	06320	A-RAD	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$900.00
Name of Payee WLIS/WMRD				Date of Payment 07/29/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1043</u>		
777 River Rd P.O. Box 1150	Middletown	СТ	06457	A-RAD	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$320.00

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dean 2010						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee WILI				Date of Payment 07/29/2010	Method of Payr	ment	Amount
Street Address 720 Main St	City Willimantic	State CT	Zip Code 06226	Purpose of Expenditure A-RAD	1044 Debit Care	d	
Description			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$190.00
Name of Payee				Date of Payment	Method of Payr	ment	Amount
WINY				07/29/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1045</u>		
45 Pomfret St P.O. Box 231	Putnam	СТ	06260	A-RAD	Debit Car	d	
Description		-	•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$230.00
X No				T	1		
Name of Payee				Date of Payment	Method of Payr	nent	Amount
WICH			_	07/29/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1046</u>		
PO Box 551	Norwich	СТ	06360	A-RAD	Debit Car	d	
Description			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$100.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dean 2010						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
WLAD				07/29/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1047	1	
198 Main St	Danbury	СТ	06810	A-RAD	Debit Car	-a	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	<u> </u>		
Yes X No							\$411.50
Name of Payee				Date of Payment	Method of Pay	ment	Amount
USPS				07/29/2010	Check #		
	City	State	Zip Code	Purpose of Expenditure	Check #		
Street Address 35 E Main St	Avon	CT	06001	POST	X Debit Car	rd	
Description	Avoir		1	<u> </u>	Event #		•
Is this expenditure coordinated with another candidate for	r Other Candidate(s) N	lame		Office Sought	•		
which reimbursement is sought? Yes No							\$25.64
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Bank of America				07/30/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
240 W Main St	Avon	СТ	06001	BNK	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
x No							\$13.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILI	NG DUE DATE
Dean 2010						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Constant Contact				Date of Payment 08/03/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	.1	
1601 Trapelo Rd	Waltham	MA	02451	A-WEB	 	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$30.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Federal Express 08/03/2010					X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1048</u>		
304 W Main St	Avon	СТ	06001	POST	Debit Car	d	
Description			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$25.80
X No				T	1		
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Federal Express				08/03/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1049</u>		
304 W Main St	Avon	СТ	06001	POST	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$25.80
No No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILE	NG DUE DATE
Dean 2010						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee ABC Signs				Date of Payment 08/06/2010	Method of Payr	ment	Amount
Street Address 5851 Laure Steiner Rd	City Theodore	State AL	Zip Code 36582	Purpose of Expenditure A-SIGN	X Debit Care	d	
Description			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$363.04
Name of Payee				Date of Payment	Method of Payr	ment	Amount
Khristina Surgeon		I	1	08/11/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1050		
160 Adams St	Hartford	СТ	06112	WAGE	Debit Car	a	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			1007.07
X No							\$387.87
Name of Payee				Date of Payment	Method of Payr	ment	Amount
Paul Pacelli		ı	1	08/11/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1051		
160 Adams St	Hartford	СТ	06112	CNSLT	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$1,200.00

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dean 2010						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Khristina Surgeon		I		08/11/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1052 Debit Car	.d	
160 Adams St	Hartford	СТ	06112	WAGE		u	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	T Other Candidate(s) N	ame		Office Sought			
Yes X No							\$576.61
Name of Payee				Date of Payment	Method of Pay	ment	Amount
ABC Signs 08/16/2010					Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
5851 Larue Steiner Rd	Theordore	AL	36582	A-OTH	X Debit Car	d	
Description					Event #		
Stickers							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	T Other Candidate(s) N	lame		Office Sought			
Yes X No							\$450.58
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Fairfield RTC		,		08/16/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1076</u>		
PO Box 275	Fairfield	СТ	06825	ATT *	Debit Car	d	
Description					Event #		
Malcolm McGough							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) N	lame		Office Sought			
Yes X No							\$75.00

Name of Payee Date of Payment Method of Payment		IV. EXPENDITURES	S					
Name of Payee ABC Signs Street Address Street Address City State Description Signs State Signs State Signs State St	NAME OF COMMITTEE						FILI	NG DUE DATE
Name of Payee ABC Signs City State Street Address City State Signs Code Purpose of Expenditure Secuplity Signs Signs Code Description Signs Code Condidate(s) Name Office Sought Which reimbursement is sought? Ves Name of Payee Martha Dean City State	Dean 2010						Origi	nal 09/09/2010
ABC Signs Street Address Street Address S851 Larue Steiner Rd Theordore AL 36582 A-SIGN Description Signs State Expenditure Coordinated with another candidate for which reimbursement is sought? State Expenditure Coordinated with another candidate for Other Candidate(s) Name Wethod of Payment Date of Payment O8/18/2010 Date of Payment O8/18/		N. Expenses Paid By Commi	ttee					
Sest Larue Steiner Rd Theordore AL 36582 A-SIGN \(\textstyle{\						_ `	nent	Amount
which reimbursement is sought? Yes No Date of Payment Method of Payment Method of Payment Mount Martha Dean Street Address City State City State City CT 06001 TRVL Debit Card Event # Is this expenditure coordinated with another candidate for which reimbursement is sought?	5851 Larue Steiner Rd Description						d	
Martha Dean Street Address City State Zip Code Purpose of Expenditure 1054 TRVL Description List this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought	which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			\$399.00
Street Address 15 Ensign Dr Avon CT Office Sought State Zip Code Purpose of Expenditure 1054 TRVL Debit Card Event # Other Candidate(s) Name Office Sought	Name of Payee				Date of Payment	Method of Pay	nent	Amount
15 Ensign Dr Avon CT 06001 TRVL Debit Card Description Levent # Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought	Martha Dean 08/18/2010					X Check #		
Description Event # Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought	Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1054</u>		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?	15 Ensign Dr	Avon	СТ	06001	TRVL	Debit Car	d	
		r Other Candidate(s) N	lame		Office Sought	Event #		
Yes	Yes							\$425.59
Name of Payee Alphagraphics Date of Payment Method of Payment Amount X Check #						l	nent	Amount
Street Address City State Zip Code Purpose of Expenditure 1053	Street Address	City	State	Zip Code	Purpose of Expenditure	1053		
47 W Main St Stamford CT 06902 A-SIGN Debit Card	47 W Main St	Stamford	СТ	06902	A-SIGN	Debit Car	d	
Description Event #	Description			•		Event#		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes X No \$1,052.1	which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$1,052.11

IV. EXPENDITURES							
NAME OF COMMITTEE						FILI	NG DUE DATE
Dean 2010						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ittee					
Name of Payee Nathaniel Schindler				Date of Payment 08/19/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1056		
23 Taquoshe Pl	Fairfield	СТ	06825	WAGE	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$807.20
Name of Payer				Date of Payment	Method of Pay	mant	Amount
Name of Payee					1	ment	Amount
Paul Pacelli		l	T	08/28/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1057 Debit Car	vd.	
106 Putter Dr	Wallingford	СТ	06492	CNSLT	 	u	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	Name		Office Sought			
X No							\$1,200.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
UPS Store				08/28/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1058		
35 E Main St	Avon	СТ	06001	POST	Debit Car	·d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Name		Office Sought			\$56.77
INU							i

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Dean 2010						Origi	nal 09/09/2010	
N. Expenses Paid By Committee								
Name of Payee Staples				Date of Payment 08/28/2010	Method of Pays	ment	Amount	
Street Address 15 Albany Tpke	City Simsbury	State CT	Zip Code 06092	Purpose of Expenditure	1059 Debit Car	rd		
Description								
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes No							\$112.57	
No No					Total of Sec	ction N	\$9,764.71	

	IV. EXPENDITURES								
NAME OF COMMITTE	EE						FILING	DUE DATE	
Dean 2010							Origina	1 09/09/2010	
	O. Cam	paign Expenses Paid By Candidate							
Name of Payee Martha Dean				Date of Payme 08/01/201		Is Reimbur Claimed?	rsement	Amount	
Street Address 15 Ensign Dr	State 124 code					X Ye			
Purpose of Expenditure OVHD	Description Office Space		•		Event #			\$1,000.00	
			Date of Payment 09/01/2010		Is Reimbursement Claimed?		Amount		
Street Address 15 Ensign Dr		Avon			Zip Code 06001		es		
Purpose of Expenditure OVHD	Description Office Space				Event #			\$1,000.00	
Name of Payee Martha Dean				Date of Payme 09/01/201		Is Reimbur Claimed?		Amount	
Street Address 15 Ensign Dr	Avon			Zip Code 06001		X Ye			
Purpose of Expenditure TRVL	Description Travel				Event #			\$1,000.00	
						Total of	Section O	\$3,000.00	

NAME OF COMMITTEE						FI	LING DUE DATE
Dean 2010						Or	riginal 09/09/2010
	•						
Name of Issuing Institution			Type of Credit C	ard:			
			Visa	Master Card	Discover	Amer	rican
Other							
Name of Vendor					Date of Transaction		Amount
Street Address		City	State	Zip Code			
Purpose of Expenditure	Description		·	•	Event #		
Total of Section P							

IV. EXPENDITURES										
NAME OF COMMITTEE				FILIN	G DUE DATE					
Dean 2010				Origin	al 09/09/2010					
Q. Expenses Incurred By Committee but Not Paid During this Period										
Name of Creditor Malcolm McGough		Date Incurred 09/01/2010	Event #		Amount Incurred (Estimate or					
Street Address 144 Reverknolls	City Avon		State CT	Zip Code 06001	Actual)					
Purpose of Expenditure PRNT										
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	te(s) Name	Office Sought			\$400.00					
			Total of	Section Q	\$400.00					

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dean 2010					Origin	nal 09/09/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Martha Dean		Date of Pa 08/18/		Method of Paym	nent	Amount		
Secondary Payee Camrac, LLC		Purpose of Expenditure TRVL		1054 Debit Card				
Street Address 224 W Main St	City Avon		State CT	Zip Code 06001				
Description				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought					
X No						\$425.59		
				Total of Se	ection R	\$425.59		

IV. EXPI	ENDITURES				
NAME OF COMMITTEE				FI	LING DUE DATE
Dean 2010				Or	iginal 09/09/2010
S. Surplus Distri	bution of Equipment and Furniture				
Name of Recipient					Original Purchase Amount of Item
Street Address	City	State	Zip Code		
Description	•	•			
			Total of Section	on S	